

**ORIGINAL**

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983****IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

(1) DAVID S. HERNALL 548973  
 (Name of Plaintiff) (Inmate Number)  
Sussex Correctional Institution  
P.O. Box 500  
Georgetown VA 19947  
 (Complete Address with zip code)

(2) \_\_\_\_\_  
 (Name of Plaintiff) (Inmate Number)

\_\_\_\_\_  
 (Complete Address with zip code)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

vs.

(1) Cpt. Anthony Mendez  
 (2) Delaware State Police - Troop 7 Sussex  
county  
 (3) Millsboro Police Department  
 (Names of Defendants)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

**CIVIL COMPLAINT**

☒ Jury Trial Requested

**I. PREVIOUS LAWSUITS**

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

N/A  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**II. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ••Yes ••No N/A
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ••Yes ••No N/A
- C. If your answer to "B" is Yes:
1. What steps did you take? N/A
  2. What was the result? N/A
- D. If your answer to "B" is No, explain why not: N/A

**III. DEFENDANTS** (in order listed on the caption)

- (1) Name of first defendant: Anthony Mendez  
 Employed as State Trooper at Troop 7  
 Mailing address with zip code: 1304 Highway ONE  
Lewes, DE 19958
- (2) Name of second defendant: State Police - Troop 7 of Delaware  
 Employed as \_\_\_\_\_ at \_\_\_\_\_  
 Mailing address with zip code: 1304 Highway ONE  
Lewes, DE 19958
- (3) Name of third defendant: Millsboro Police Dept.  
 Employed as \_\_\_\_\_ at \_\_\_\_\_  
 Mailing address with zip code: Millsboro DE, 19966  
307 Main St Millsboro DE 19966
- (List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

**IV. STATEMENT OF CLAIM**

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. 5-11-05 - I, David Scott Yarnell was struck twice on the head from a Maglite Flashlight, while handcuffed by State Trooper Anthony Mendez. This took place in a grassy lot next to Grotto's Pizza on Long Neck Rd in Millsboro DE, 19966.
2. I was taken to BeBee Medical Center in Lewes De. for a CAT scan and received 11 staples in my scalp.

3.

**V. RELIEF**

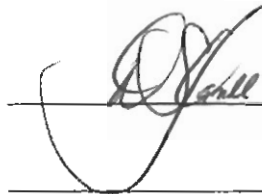
(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I, David Scott Yarnell am seeking \$8.5 million dollars pain, suffering & damages

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5 day of July, 2005.

  
\_\_\_\_\_  
(Signature of Plaintiff 1)  
\_\_\_\_\_  
(Signature of Plaintiff 2)  
\_\_\_\_\_  
(Signature of Plaintiff 3)

548973  
I/M: David S. Lawrence BLDG. 5125  
SUSSEX CORRECTIONAL INSTITUTION  
P.O. BOX 500  
GEORGETOWN, DELAWARE 19947

\*1495 U.S. POST  
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U.S. District Court  
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Wilmington DE  
19801